**Referral Form for National Gender Service, Ireland**

**PLEASE NOTE:**

* Please ensure that the contact information you provide is up-to-date and correct.
* If your patient changes their address or any contact details then it is their responsibility to update us: if they do not then they may not receive an appointment.
* If this form is not fully completed then the referral cannot be processed.
* This referral form must be completed electronically and then submitted in one of the three ways:
	+ Via email to nationalgenderservice@hse.ie
	+ Via HealthLink to Dr Karl Neff, National Gender Service, St Columcille’s Hospital
	+ By post to:

Dr Karl Neff

National Gender Service

St Columcille’s Hospital

Loughlinstown

Co Dublin

D18 E365

* More information about the service can be found on the following webpage: [www.nationalgenderserviceireland.com](http://www.nationalgenderserviceireland.com)

|  |  |
| --- | --- |
| **Date of referral** |  |
| **Patient’s legal name** |  |
| **Preferred name (if different from above)** |  |
| **Preferred pronouns** |  |
| **Date of birth** |  |
| **Patient’s address** |  |
| **Preferred telephone number** |  |
| **How long has patient been known to you?** |  |
| **Gender assigned at birth: Male or Female** |  |
| **Name of registered GP** |  |
| **GP contact details** | MCRN:Practice address:Telephone: |
|  |

**Reason for referral:**

|  |
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|  **Has there been any previous input from a Gender service already? Yes** [ ]  **/ No** [ ] **If ‘Yes’, please provide any documentation from this service that you have on record.** |

**1. Social Transition**

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **YES** | **NO** | **Comments** |
| Has the individual told anyone else about their gender identity? | [ ]  | [ ]  | If yes, who? |
| Has the patient legally changed their name or gender marker documents? | [ ]  | [ ]  | If yes, then how?[ ]  Gender Recognition Certificate[ ]  Deed poll[ ]  Other |

**2. Accommodation**

Please provide some information on the individual’s accommodation situation. Please consider housing safety and security for referee.

[ ]  Lives alone in own home

[ ]  Live with others in own home

[ ]  Lives with parents in parents home

[ ]  Live alone in rented accommodation

[ ]  Lives with others in rented accommodation

[ ]  Other (please specify)

**3.Work/Education**

Please provide some information on the individual’s work or education status.

[ ]  Employed and working full time

[ ]  Employed and working part time

[ ]  Self-employed and working full time

[ ]  Self-employed and working part time

[ ]  Student and studying full time

[ ]  Student and studying part time

[ ]  Disabled/unable to work

[ ]  Unemployed and seeking return to work or education

[ ]  Other (please specify)

**4. Medical history**

Please indicate this person’s relevant medical history:

|  |  |  |  |
| --- | --- | --- | --- |
| No past medical history |[ ]  Liver disease | [ ]  | Thrombosis |[ ]
| Diabetes | [ ]  | Respiratory disease | [ ]  | Cardiovascular disease |[ ]
| Polycystic ovary syndrome |[ ]  Endometriosis |[ ]  Other (please specify) |[ ]
| Please provide additional information for any conditions that have been ticked.  |

**5. Mental health and other diagnosis**

Please note we are not a mental health service. If you feel the patient requires support around their mental health please refer to local mental health services.

If this person has autistic spectrum disorder, or difficulties with occupational function or social communication, then please consider referral to any available local services in parallel with this referral. See [www.nationalgenderserviceireland.com](http://www.nationalgenderserviceireland.com) for further information.

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| If applicable, please briefly indicate this person’s mental health history:**Has there been any previous input from a mental health service? Yes** [ ]  **/ No** [ ] **If ‘Yes’, please provide any documentation from this service that you have on record.** |

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| --- | --- |
| **Referrer’s signature (Digital accepted)** |  |
| **Referrer’s name and address** |  |

Please email completed forms to National Gender Service at: nationalgenderservice@hse.ie